STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

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OCT 26 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

| 1. Name of Lobbyist(s) | Paolino | | |
|--|---|--|---------------------------------------|
| II. Name of lobbyist's partners | hip, firm or corporation, if a | ıny: | |
| National Associaton of M | utual Insurance Comp | anies (NAMIC) | |
| (Name of partner | ship, firm or corporation) | | |
| 3601 Vincennes Road | Indianapolis | IN | 46268 |
| Business Address: (Street) | (Town/City) | (State) | (Zip Code) |
| () 508-431-0484 (Telephone) | () | lobbying@aristotle.com e-mail | |
| (Telephone) | (Fax |) | _ |
| III. This statement covers: (Chereportable expense transaction | oose one – file separate repo s which are not attributable | rts for each client, OR to any one client). | you may file a separate report fo |
| X1 All reportable transactions oc | curring in the months prior to | the reporting date relati | ve to the following client: |
| National Associator | of Mutual Insurance C | Companies (NAMIC | C) |
| (Full Nam | e of Client as it appears on the Lo | | |
| <u>OR</u> | | | |
| unrelated to any particular client. | the lobbyist (including the lol | obyist's family), or the l | obbying firm listed below which a |
| IV. Date of Report April 26 Reports cover: activity from dat | , 2017 e of registration to 3/31/17 | July 26, 2017 activity from 4/1/17 to | |
| October | 25, 2017 × 1 17 10 9/30/17 | January 31, 20 activity from 10/1/17 | 18 |
| V. There have been no fees r If this box is checked, complete ju Concord, NH 03301. | | | |
| VI. Check if additional reports | are attached: | | |
| | nade expenditures, you must | file Addendum A – Fees | s and Expenses |
| i If you have paid an honorarin Expense Reimbursement | nm or reimbursed expenses, ye | ou must file Addendum | B — Report of Honorariums or |
| If you, your firm, or your fan | nily has made political contrib | outions, you must file Ac | Idendum C- Political Contributio |
| Sworn Statement/Affirmation of I have read RSA 15, RSA 15-B, I and complete to the best of my king (Signature of lobbyist) | RSA 14-C and RSA 664 and booking which are and boliof. | | nat the foregoing information is true |
| Cate Paolino | | , | |
| (Print Name of lobbyist) | _ | | |

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) Cate Paolino | |
|---|---|
| H. Name of lobbyist's partnership, firm or corporation, if any: | |
| National Associaton of Mutual Insurance Companies (NAM | IC) |
| (Name of partnership, firm or corporation) | · |
| III. Name of Client National Associaton of Mutual Insurance Companies (NAT | MIC) Date 10/25/2017 |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses: | relations, or public relations service |
| a) Total of all fees received in this reporting period | a) S \$1,307.64 |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year) | b) \$ \$6,381.66 |
| c) Total of all fees received to date (Add lines a and b) | c) \$\$7,689.30 |
| d) Indicate the amount of any such fees that are due, but have not yet been paid | d) \$ |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | elient and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid epenses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the person d with a value of \$25.00 or less); and enting period of greater than \$25.00 for the of greater than \$25, purchase of a er than \$25, but not greater than \$50 expense reimbursement, or political |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a) S \$23.75 |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | b) \$ \$0.00 |
| c) Total of all itemized expenditures reported in detail in section VI. | \$0.00 c) \$ \$23.75 |

| d) Total expenses for this reporting period (Add lines a, b and c) | d) \$ \frac{\$23.75}{} |
|--|------------------------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) S \$550.76 |
| f) Total of all expenses year to date | n s |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged. | obbying fees during this reporting |
| Paid to: | Amount: |
| 07/25/2017: NH Lobbying Report Mailing Costs | _{\$_} \$23.75 |
| | \$ |
| | s |
| | s |
| | \$ |
| | \$ |
| | |
| | |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir | m that the foregoing information |
| is true and complete to the best of my knowledge and belief. | |
| (Signature of Jobbyist) | 16/24/12 (Date) |
| (Signature of recognity) | /(Date) / |
| Cate Paolino | |
| (Print Name of lobbyist) | |